

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101724 010
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51			1			
2			1				52			1			
3				2			53			1			
4				2			54			1			
5				2			55			1			
6				2			56			1			
7				2			57			1			
8				2			58			1			
9				2			59			1			
10				1			60			1			
11				1			61			1			
12				2			62			1			
13				1			63			1			
14				1			64			1			
15				2			65			1			
16				2			66			1			
17				2			67						
18				2			68						
19				1			69						
20				1			70						
21				1			71						
22				1			72						
23				2			73						
24				2			74						
25				2			75						
26			1				76						
27				1			77						
28				1			78						
29				1			79						
30				1			80						
31				1			81						
32				1			82						
33				1			83						
34				1			84						
35				1			85						
36				1			86						
37				1			87						
38				1			88						
39				1			89						
40				1			90						
41				1			91						
42				1			92						
43				1			93						
44				1			94						
45				1			95						
46			1				96						
47				1			97						
48			1				98						
49				1			99						
50				1			100						
TOTAL IND.			5				TOTAL IND.						
TOTAL DEP.			76				TOTAL DEP.						
TOTAL CLAIMS			81				TOTAL CLAIMS						